

2010 Upper Keys Sailing Club
 Mark Sorensen Youth Sailing Program
MEDICAL RELEASE

This medical release must be signed by a parent or a legal guardian for each participant. No sailor may register, compete or participate in UKSC or MSYSP programs with a signed, completed medical release.

Medical release: In the event of an emergency requiring medical attention for my child, I hereby authorize and consent to any xray, examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision any medical professional licensed under the laws of the State of Florida. I understand that this permission is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned medical personnel in the exercise of their best judgment may deem advisable. I understand that reasonable efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if I cannot be reached.

Parent Signature

Date

Participants Name	
Date of Birth	
Emergency Contact Name	
Emergency Contact Phone	
Alternate Phone	
Please list any allergies including allergies to medications.	
List all medications sailor is currently using	
Describe any medical conditions to be aware of in the event of a medical emergency	
Describe any medical that may interfere with normal participation in the program with which your child is registered for.	
Date of last tetanus shot	
Blood type	
Primary Physician	
Physician Phone	
Insurance Company	
Policy Number	